

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO
107069057

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51		3				
2		1		1			52		3				
3		2		1			53		0				
4		1		1			54		0				
5		1		1			55		1				
6		1		1			56		1				
7		1		1			57		1				
8		1		1			58		1				
9		1		1			59		1				
10		1		1			60		1				
11		1		1			61		1				
12		1		1			62		1				
13		1		1			63		1				
14		1		1			64		1				
15		1		1			65		1				
16		1		1			66		1				
17		1		1			67		1				
18		3		1			68						
19		3		1			69						
20		1		1			70						
21		1		1			71						
22		1		1			72						
23		1		1			73						
24		1		1			74						
25		1		1			75						
26		1		1			76						
27		1		1			77						
28		1		1			78						
29		1		1			79						
30		1		1			80						
31		1		1			81						
32		1		1			82						
33		1		1			83						
34		1		1			84						
35		1		1			85						
36		1		1			86						
37	1		1				87						
38		1		1			88						
39		2		1			89						
40		2		1			90						
41		1		1			91						
42		1		1			92						
43		1		1			93						
44		1		1			94						
45		1		1			95						
46		1		1			96						
47		1		1			97						
48		1		1			98						
49		1		1			99						
50		1		1			100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←	66	←		←
TOTAL CLAIMS							TOTAL CLAIMS			68			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831

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